

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF GAME AND INLAND FISHERIES  
WATERCRAFT DEALER LICENSING SECTION  
P.O. Box 11104, 4010 W. Broad St.  
Richmond, Virginia 23230  
Phone: (804) 367-1011

FOR DGIF USE ONLY

License No. \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiration: \_\_\_\_\_

Fee: \$15.00

WATERCRAFT SALESMAN LICENSE APPLICATION

Make Check Payable to the **TREASURER OF VIRGINIA**

TYPE OF APPLICATION:

\_\_\_\_ New – **New applicants must pass a NASBLA approved Boating Safety Education Course**

\_\_\_\_ Renewal – List License Number: \_\_\_\_\_

\_\_\_\_ Change – Explain: \_\_\_\_\_

1. Name of Applicant: \_\_\_\_\_  
(First) (Middle) (Last)

Home Address: \_\_\_\_\_  
(Street)

(City) (State) (Zip)

Social Security No. \_\_\_\_\_

Sex: \_\_\_\_ Weight \_\_\_\_ Height \_\_\_\_ Eye Color \_\_\_\_ Hair Color \_\_\_\_

Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

2. Employer's Watercraft Dealer Number: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Trading As: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street Address)

(City) (State) (Zip)

Mailing Address: \_\_\_\_\_  
(If Different) (PO Box Number/Street)

(City) (State) (Zip)

3. (a) Have you successfully completed an approved Boating Safety Education Course? \_\_\_\_ Yes  
\_\_\_\_ No If **yes**, attach a copy of the certificate showing successful completion of the Boating Safety Education Course. If **no**, you will only be issued an interim license that will expire in 60 days. Proof of passing an approved Boating Safety Education Course must be submitted in order for you to receive a one-year license. **Failure to submit will result in license not being issued.**

(b) Have you been employed by a dealer whose watercraft dealer license was suspended or revoked?  
\_\_\_\_ Yes \_\_\_\_ No

(c) Have you ever been convicted of a crime or pleaded nolo condere or guilty to an indictment for a crime involving a watercraft? \_\_\_\_ Yes \_\_\_\_ No

(d) Will applicant be working as a full time salesman? \_\_\_\_ Yes \_\_\_\_ No

4. CERTIFICATION: I certify that all information contained herein is true and correct.

\_\_\_\_\_  
Applicant's Signature

Date: \_\_\_\_\_

5. EMPLOYER'S STATEMENT: I/we certify the applicant named herein is employed by the above firm as a watercraft salesman and that my/our firm is duly licensed to deal in watercraft.

\_\_\_\_\_  
Authorized Signature

Date: \_\_\_\_\_